



County of Rutherford

Bernard Salandy
Superintendent

Waiver and release of liability for minors visiting Rutherford County Correctional Work Center inmates.

I, _____, Parent or legal guardian of _____, a child of less than eighteen (18) Years of age, do hereby authorize said child to visit _____, an Inmate of the Rutherford County Correctional Work Center.

I further release and discharge the, Officers, Employees and staff of the Rutherford County Correctional Work Center from any liabilities resulting from this visit.

This Document will not be accepted
Without signature, date, and seal of a notary public.

Sworn to, and subscribed before me,

This _____ day of _____ 20____

Parent/ Guardian signature

Notary Public at large

Date

My Commission expires _____

Emergency contact phone number